

## Minority Scholarship Application Form

At "Cultural Diversity in Genetics," a collaboration of the Genetic Alliance and TEXGENE, consumers and professionals from across the country will come together to learn about the different perspectives of diverse communities. This conference will help both healthcare professionals and leaders of support groups understand how diverse beliefs and values influence decisions about health and genetics, and how to achieve cultural competence when providing services and support for people of diverse backgrounds.

A limited number of conference scholarships are available for consumers who represent minority ethnocultural communities. We are seeking consumers who will be active in the conference and will take the skills and knowledge they gain back to their communities and put them to work for people from diverse backgrounds.

Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_  
First Last

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Telephone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Cultural Background \_\_\_\_\_

Date you are filling out this form: \_\_\_\_\_

How did you hear about this conference? \_\_\_\_\_

Please estimate your expenses:

conference fee (\$150) \_\_\_\_\_

airfare/train/bus/mileage (please circle one) \_\_\_\_\_

lodging (\$70/night single; \$95/night double) \_\_\_\_\_

**Total estimated expenses** \_\_\_\_\_

Please write a letter that includes the answers to the following questions. Please feel free to include any additional information that you would like us to consider when reviewing applications.

- When and why did you become active in the health care community?
- What genetics organizations have you worked with in the past and/or are you currently working with?
- Have you been involved with either the Genetic Alliance or TEXGENE?
- Why do you want to attend this conference?
- Why are you applying for this scholarship?
- In what ways do you plan to stay active in the genetics consumer community and share what you have learned at the conference with others?

Send completed forms to:  
Genetic Alliance  
4301 Connecticut Ave NW, Suite 404  
Washington, DC 20008-2304  
Attn: Tracy Gilris

**Applications must be received by April 19, 2000.**

Applications will be reviewed on a first-come basis.

Notification will be made as soon as possible after April 19.